

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395092</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>02/23/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>MEADOW VIEW REHABILITATION &amp; HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>225 PARK STREET MONTROSE, PA 18801</b>		
STATE LICENSE NUMBER: <b>011202</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	<p>INITIAL COMMENT</p> <p>Based on a Revisit Survey completed on February 23, 2023, it was determined that Meadow View Healthcare and Rehabilitation corrected the federal deficiencies cited during the survey of January 10, 2023, under the requirements of 42 CFR Part 483, Subpart B Requirements for Long Term Care Facilities, but continued to be out of compliance with the following requirements of the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.</p>	F 0000			

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Pennsylvania Department of Health

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P 2020		P 2020			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 2020	Continued from page 1  § 211.12(i) Nursing services.  (i) A minimum number of general nursing care hours shall be provided for each 24-hour period. The total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.7 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 2020	Step 1: Facility is meeting the minimum requirements of nursing hours to meet resident care and services. When there are call off's related to illness, weather or other occurrences, the facility makes every effort to fill shifts and meet minimum required hours by contacting all nursing staff not scheduled, having non-clinical (DON, ADON, RNAC, Wound Care Nurse) licensed nurses assist with direct care, contacting prn staff, having RNs work as LPNS, LPNS work as CNAs, contacting agency, offering bonus incentives, increasing agency bonus incentives. Step 2: Facility has not had any current incidences of not meeting minimum number of general nursing care hours. Facility continues with recruitment and retention efforts to stabilize nurse staffing. Facility utilizes contracted agencies and prn staff to help meet daily staffing requirements. Step 3: Human Resources/ Scheduling Director and Administrator will be in-serviced by Regional Director of Human Services	Completion Date: <b>03/21/2023</b> Status: <b>APPROVED</b> Date: <b>03/07/2023</b>	

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P 2020	Continued from page 2	P 2020	and Regional Director of Operations on inputting full schedule in scheduling system to reflect schedule and hours being worked accurately on the Daily Attendance Report and Daily Punches report. Step 4: Facility continues with recruitment and retention efforts to stabilize nursing staff. The facility is utilizing contracted agencies to fill any staffing needs not met by facility staff. NHA or designee with audit direct care nursing hours each morning to ensure that nursing care hours are above a 2.7. Audits will be completed weekly for four weeks and will be done monthly for two additional months. Audits will be reviewed with the QAPI committee for any further action that may be needed.		

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P 2020	<p>Continued from page 3</p> <p>Based on facility nurse staffing it was determined that the facility failed to provide the minimum nurse staffing per resident per day.</p> <p>Findings include:</p> <p>A review of facility nurse staffing hours revealed that on February 17, 18, 20, and 22, 2023, the facility did not provide at least 2.7 hours of general nursing care hours per resident per 24 hours.</p> <p>On February 17, 2023, the facility provided only 2.63 nursing care hours per resident;</p> <p>on February 18, 2023, the facility provided only 2.50 nursing care hours per resident;</p>	P 2020			

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P 2020	Continued from page 4  on February 20, 2023, the facility provided only 2.40 nursing hours per resident;  and on February 22, 2023, the facility provided only 2.64 hours of nursing care per resident.	P 2020			



# Certified End Page

**MEADOW VIEW REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 011202**

**SURVEY EXIT DATE: 02/23/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY